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| <b>TRANSMITTAL FORM</b><br><br><i>(to be used for all correspondence after initial filing)</i>   |   | Application Number   | 10/826,466             |  |   |  |
|  |   | Filing Date  | April 16, 2004         |  |   |  |
|  |   | First Named Inventor   | ANDREWS, WILLIAM H.    |  |   |  |
|  |   | Group Art Unit   | 1632                   |  |   |  |
|  |   | Examiner Name  | Marcia Stephens Noble  |  |   |  |
| Total Number of Pages in This Submission   |   | 14   | Attorney Docket Number | SIER-022CON  |   |  |
| <b>ENCLOSURES (check all that apply)</b>   |   |  |                        |  |   |  |
| <table border="0" style="width:100%;"> <tr> <td style="vertical-align: top; width:33%;"> <input type="checkbox"/> Fee Transmittal Form<br/> <input type="checkbox"/> Fee Attached<br/> <input checked="" type="checkbox"/> Amendment / Reply<br/> <input type="checkbox"/> After Final<br/> <input type="checkbox"/> Affidavits/declaration(s)<br/> <input type="checkbox"/> Extension of Time Request<br/> <input type="checkbox"/> Express Abandonment Request<br/> <input type="checkbox"/> Information Disclosure Statement<br/> <input type="checkbox"/> Certified Copy of Priority Documents<br/> <input type="checkbox"/> Response to Missing Parts/Incomplete Application<br/> <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53         </td> <td style="vertical-align: top; width:33%;"> <input type="checkbox"/> Assignment Papers (for an Application)<br/> <input type="checkbox"/> Drawing(s)<br/> <input type="checkbox"/> Licensing-related Papers<br/> <input type="checkbox"/> Petition<br/> <input type="checkbox"/> Petition to Convert to a Provisional Application<br/> <input type="checkbox"/> Power of Attorney, Revocation<br/> <input type="checkbox"/> Change of Correspondence Address<br/> <input type="checkbox"/> Terminal Disclaimer<br/> <input type="checkbox"/> Request for Refund<br/> <input type="checkbox"/> CD, Number of CD(s)         </td> <td style="vertical-align: top; width:33%;"> <input type="checkbox"/> After Allowance Communication to Group<br/> <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br/> <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br/> <input type="checkbox"/> Proprietary Information<br/> <input type="checkbox"/> Status Letter<br/> <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br/>             Appendix A&gt;         </td> </tr> </table> |   |  |                        | <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Documents<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Appendix A> |
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Documents<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53   | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Appendix A> |                        |  |   |  |
| Remarks  |   |  |                        |  |   |  |
| <b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>  |   |  |                        |  |   |  |
| Firm or Individual Name  | BRÉT E. FIELD, Reg. No. 37,620  |  |                        |  |   |  |
| Signature  |   |  |                        |  |   |  |
| Date   | January 27, 2006  |  |                        |  |   |  |

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| <b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>   |                  |
| I hereby certify that this correspondence is being facsimile filed under 37 C.F.R. §§ 1.6(d) and 1.8(a)(1)(b) addressed to: 571-273-8300 on this date: January 27, 2006. |                  |
| Typed or printed name  | Donna Macedo     |
| Signature  |                  |
| Date   | January 27, 2006 |

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